

# Speech Pathology: Supporting students in schools.

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An updated model of Speech Pathology  
Service Delivery

## Purpose of this paper

This paper describes an updated definition of the role of Speech Pathologists in supporting schools and individual students.

### THE ROLE OF THE SPEECH PATHOLOGIST

- ◆ The role of the Speech Pathologist requires a complete overhaul to put it in line with the definition from Speech Pathology Australia.

## Purpose of Speech Pathology

“The speech pathology profession recognises the rights of individuals to possess an effective form of communication and swallowing. Speech pathologists undertake to provide a high quality service to individuals and the community to maximise these functions through assessment and diagnosis, intervention, appropriate liaison, advocacy, community education and research.”  
(*Code of Ethics*: Speech Pathology Australia, p 7)

## Speech Pathologists in Schools

Speech pathologists in schools provide support for students with communication difficulties that impact on their learning. Communication includes the areas of:

- ◆ Articulation (production of speech sounds)
- ◆ Language :
  - Receptive language
  - Expressive language
  - Pragmatic language
- ◆ Fluency (stuttering)
- ◆ Voice
- ◆ Phonological awareness (sound awareness)

Speech pathologists may also work with students who have feeding or swallowing difficulties, most commonly in a special school setting.

Speech pathologists support schools and individual students by:

- ◆ Completing assessments for:
  - Diagnosis
  - Setting individual goals
  - School planning
  - The Program for Students with Disabilities
  - Monitoring progress
- ◆ Providing individual and group intervention
- ◆ Collaborating with teachers, Student Support Officers, principals, parents and other Student Support Services staff.
- ◆ Providing professional development to school based staff
- ◆ Liaising with external agencies

## CURRENT DEFAULT MODEL OF SPEECH PATHOLOGY

The role of the Speech Pathologist can be compared with the present situation, which has arisen through a “devolution model” of Student Services Provision. Under the current model:

- ◆ The Speech Pathologist has been allocated to a set of schools
- ◆ As a consequence, a practice has arisen whereby the Speech Pathologist visits schools on a regular basis.
- ◆ Schools view the Speech Pathologist as an external specialized resource to conduct face-to-face consultations with students.
- ◆ The provision of services has been based on demand, not need. The role of the Speech Pathologist to assess the needs of students and act on those assessments has been devalued.
- ◆ Until 2006, there had been no Oral Language Program (eg *Language Support Program*) for a school to engage in.
- ◆ The *Language Support Program* has been delivered in 2006 & 2007, however appropriate speech pathology time and resources have not been allocated to this program.

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Speech Pathologists are aware that the model of service delivery is not effective for students. Infrequent visits to schools and limited follow-up mean students do not receive the intensive intervention required.

The delivery of the *Language Support Program* in 2006 & 2007, in addition to regular case work, has created an unsustainable workload. Speech pathology staff have been unable to allocate appropriate time and resources to the delivery of this program.

The *Language Support Program* professional development will continue to be offered in 2008, with modifications to address the feedback received from previous participants of the program. A network will also be established to provide ongoing support and professional development to teachers who have completed the *Language Support Program* professional development. This will create further demands on the already limited speech pathology resource.

The retention of speech pathologists has been an ongoing issue for several years. The very large caseloads, limited follow-up and consequent lack of student progress, amount of time spent on administrative tasks, increasing job demands and a lack of understanding of speech pathology in schools, have lead to burn-out and a lack of job satisfaction.

## Updated Model of Speech Pathology

### PRINCIPLES

The updated model of Speech Pathology seeks to implement principles in two categories.

#### **Operational Principles**

- ◆ The Gippsland Region, Latrobe Valley Network, including Speech Pathologists will adhere to relevant Government and DEECD policy.
- ◆ Speech Pathologists will adhere to the Code of Ethics of *Speech Pathology Australia*
- ◆ The updated service delivery model is implemented with approval of the Latrobe Valley Network Board.

#### **Service Delivery Principles**

- ◆ Speech Pathology services will be provided to individual students on the basis of need.
- ◆ Speech Pathology services will support the *Language Support Program* in schools.
- ◆ Specialized support for students will be provided, subject to the professional judgment of Speech Pathologists.
- ◆ Speech Pathology services are viewed as relevant for primary and secondary schools.

## CHANGES IN SPEECH PATHOLGY PRACTICES

The principles imply a significant shift in the focus of speech pathology services. These can be summarised as follows:

- ◆ The services provided by Speech Pathologists will fall into three categories: Professional Development, School Support and Case Work .
  1. Provision of professional development for teachers, principals and SSO's. The primary focus of professional development will be the *Language Support Program*. Other types of professional development will be provided as needed.
  2. Provision of speech pathology services to:
    - Support teachers in planning and implementing individual programs
    - Support teachers in planning and implementing class programs
    - Support schools in implementing the *Language Support Program*
  3. Provision of speech pathology services for individual students with communication difficulties. Students requiring support will be determined in accordance with the specifications outlined in *Appendix 2*.
- ◆ Speech Pathologists, with Board approval, may focus on points 1, 2 or 3 above, in order to increase efficiency.
- ◆ A new Case Work model is required. This will provide:
  1. Centralised allocation of Speech Pathologists to new students. There will be therefore a gradual shift to this centralised allocation. All students will be centrally considered for assistance, rather than a Speech Pathologist being appointed to a school.
  2. A categorisation of need by Speech Pathologists will underlie points 1, 2 and 3 above.
  3. Planned, intensive intervention, rather than regular widely spaced consultations will occur. That is, Speech Pathologists are allocated to students not schools.
  4. A commitment from one person (directly associated with the student) to complete speech pathology practice tasks with the student on a daily basis. If a parent/guardian is unable to meet this commitment, it is the school's responsibility to find a person who can complete practice tasks with the student, eg an SSO or parent helper.

- ◆ Speech Pathologists will not be able to provide a comprehensive service to schools that do not participate in the *Language Support Program*.

### **Key Points about the *Language Support Program***

- ◆ The *Language Support Program* does not replace speech pathology services or attempt to train teachers in speech pathology.
- ◆ The *Language Support Program* acts as a bridge between the curriculum and the provision of specialised language support in the classroom.
- ◆ A key role of the Speech Pathologist is to support schools to implement the *Language Support Program*.

## **CHANGES IN THE SPEECH PATHOLOGY REFERRAL SYSTEM**

- ◆ In 2007 a revised referral system was introduced.
- ◆ Schools fax their referrals to the intake team, which meets weekly. The intake team will review all referrals and allocate them appropriately.
- ◆ Incomplete referrals will not be accepted and will be returned to the school.

Refer to *Appendix 1* for complete details of the Referral Process.

## **SPECIFIC CHANGES FOR 2008**

- ◆ Appointment of a Speech Pathology Reference Group, consisting of Speech Pathologists and relevant stakeholders, by the Board to monitor and evaluate the model in 2008.
- ◆ Determination of categories of Case Work assistance. (Refer to *Appendix 2*)
- ◆ Implementation of a revised referral system, including a briefing for principals.
- ◆ Determination of a consultation and communication strategy.

## Specific Changes for 2008

- ◆ Appointment, redeployment or allocation of 0.2EFT in additional Speech Pathology staffing, subject to Board and Regional approval.
- ◆ Establishment of a centralised data base for Speech Pathology Students.
- ◆ Central Allocation of Speech Pathologist services to individual primary & secondary school students.
- ◆ All students requiring speech pathology services will require a current referral ie; dated February 2008 or later, OR, see proposed 2008 timeline
- ◆ Timetabling of Professional Training support for schools, in co-operation with the *Language Support Program* rollout.

## AND FINALLY

This updated model has implications for all stakeholders, but most of all, it holds the best chance of assisting more students than at present, and doing so more effectively. Much detail is required to flesh out the model. Your comments are welcome.

Lauren Brett  
Speech Pathologist

Lauren Reardon  
Speech Pathologist



# Appendix 1

## Referral Process

- ◆ The **entire** School Referral Proforma for Student Services (current referral form) must be completed by the school in conjunction with the student's guardian/s. The referral form must be signed by the school principal and all relevant documentation (eg reports from paediatrician, guidance officers, hearing assessments and early intervention reports; screening tests/assessments completed by the class teacher; sample of the student's work) attached.

- ◆ Student Support Services Officers (speech pathologists) only accept referrals from the school. **The student must be experiencing communication difficulties that are directly affecting them in the school environment;**

-If there is concern from the student's guardian, school nurse etc, but not the school, a referral is inappropriate. The student's guardian can be encouraged to access private speech pathology services.

-if the student is receiving speech pathology intervention through an outside agency, they will not be considered for speech pathology intervention through DEECD.

- ◆ Completed referrals to be faxed to the Intake Team;

**Intake Team**

**Latrobe Valley Student Support Services**

**Department of Education and Training**

**Fax: (03) 5133 6822**

- ◆ Upon receipt, the Speech Pathology Team will determine the next action;
  - a) The referral is incomplete and will be returned to the school with a letter of explanation.
  - b) The referral is inappropriate (eg age-appropriate articulation errors) and will be returned to the school with a letter of explanation.

c) The referral is deemed to be appropriate and placed on a waiting list for an initial consultation. A letter will be sent to the school notifying them of this process.

- ◆ Accepted referrals will be entered onto a database and placed on a waiting list for assessment / initial consultation.
- ◆ Referrals on the assessment/initial consultation waiting list will be allocated at speech pathology team meetings to be held regularly. The allocated speech pathologist will contact the school to arrange an appointment.
- ◆ After the initial assessment/consultation, the appropriate action will be decided at the speech pathology team meeting;

a) Further assessment may be requested (eg cognitive assessment, hearing test, referral to Ear, Nose and Throat Specialist). This information will be communicated to the school in a letter. Further speech pathology involvement will be put on hold until the appropriate assessments have been completed. **It is the responsibility of the school to provide the speech pathologist with subsequent assessment reports.** Following receipt of this information, the referral will be reconsidered at the speech pathology team meeting.

b) It will be recommended that the school cater for the student's needs with support from a speech pathologist. The student will be discharged from the DEECD Speech Pathology Service (refer to Appendix 2).

- c) The student will be placed on a therapy waiting list;
- language / language & articulation waiting list
  - articulation waiting list
  - other communication difficulties waiting list

d) The student will be discharged from the DEECD Speech Pathology Service.

A letter will be sent to the school notifying them of the action that has been taken.

- ◆ It is the responsibility of the school to keep a record of students that have been referred and their status on the speech pathology caseload.
- ◆ Individual students will receive a block of speech pathology intervention (eg regularly for a term) and then be;
  - Placed back on the therapy waiting list
  - Recommended for school-based support
  - Discharged from the Speech Pathology Service

There may be some students who require ongoing, intensive intervention. This will be decided at the discretion of the Speech Pathologists.

- ◆ Speech Pathologists will have a mixed caseload.
- ◆ The Speech Pathology Team will;
  - oversee the entire referral process.
  - ensure the database is kept up-to-date.
  - be responsible for sending letters to schools at the various stages of the referral process.
  - ensure signed discharge summaries/reports are completed by the speech pathologist working with an individual student, and send copies to the school.

## Appendix 2

### **Protocol for determining students requiring direct speech pathology intervention.**

<b>Area of difficulty</b>	<b>Type of intervention / support</b>
<b><i>Language</i></b>	
Severe language difficulty	Direct speech pathology intervention
Moderate language difficulty	Direct speech pathology intervention
Mild language difficulties	School-based support
Phonological awareness difficulties	School-based support
Delayed language skills in keeping with cognitive level	School-based support
Pragmatics / social skills	School-based support
<b><i>Speech</i></b>	
Dyspraxia	Direct speech pathology intervention
Moderate–severe articulation difficulties	Direct speech pathology intervention
Mild articulation difficulties	Direct speech pathology intervention to elicit the target sound in words. Training/advice for the person implementing follow-up. The student will then be placed on a home/school program. Review on request from person responsible for follow-up.
<b><i>Fluency</i></b>	Direct speech pathology intervention
<b><i>Voice</i></b>	Direct speech pathology intervention
<b><i>Alternative/Augmentative communication</i></b>	Direct speech pathology intervention and ongoing speech pathology support to the school.

**NB.** The severity of language difficulty will be determined on the basis of a standardised language assessment.

\*The above table refers to students in primary schools. The type of speech pathology service that will best meet the needs of individual secondary schools students will be negotiated with the school.